DOCUMENT RESUME

ED 364 527 SP 034 864

TITLE	Montana Health Enhancement...An Expanded Concept: Assessment and Planning.
INSTITUTION	Montana State Dept. of Public Instruction, Helena.
SPONS AGENCY	Centers for Disease Control (DHHS/PHS), Atlanta, GA.
PUB DATE	92
CONTRACT	U63/CCU803049-04
NOTE	31p.; For related documents, see SP 034 862-863. This model was developed from the New York State Education Department's "On the Right Track."
PUB TYPE	Guides - General (050)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Community Health Services; Curriculum Guides; Elementary Secondary Education; *Fundamental Concepts; Fused Curriculum; Health Education; *Health Promotion; Holistic Approach; Physical Education; *Program Development; *Program Evaluation; *School Health Services; State Standards
IDENTIFIERS	*Comprehensive School Health Programs; Montana

ABSTRACT

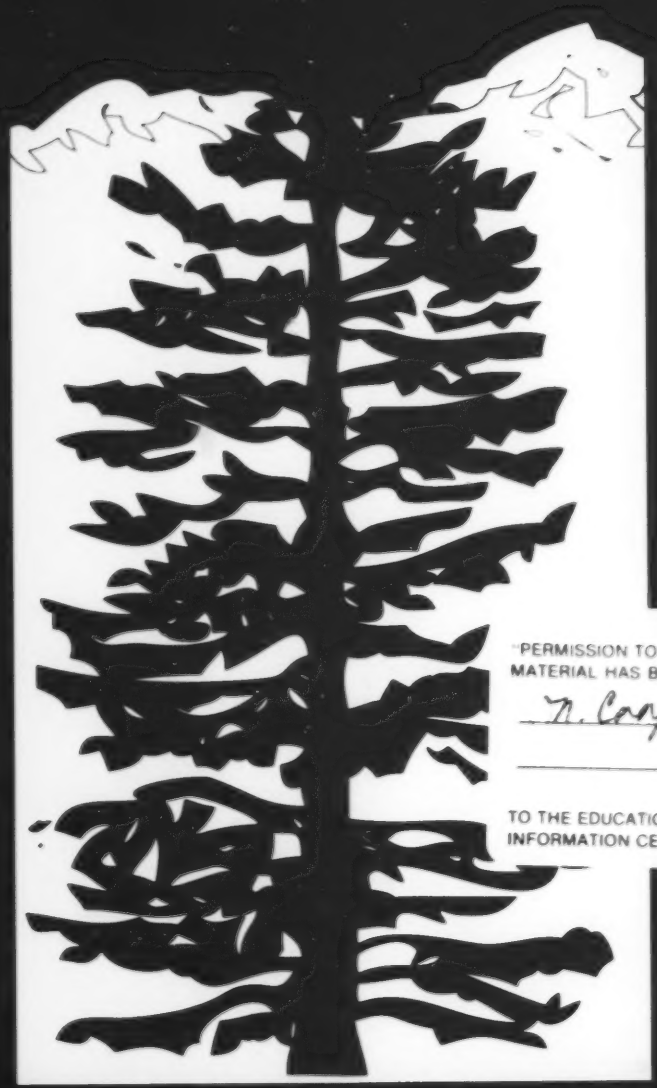
Comprehensive health enhancement programs (CHEPs) are a curricular area required by new Montana accreditation standards. The curriculum combines the disciplines of health and physical education into an integrated, holistic, health-oriented program. A CHEP incorporates an expanded concept of health services--healthy school environment, employee wellness and assistance programs, and other programs and services outside the classroom. This assessment and planning manual helps schools and communities create or improve their CHEPs using the "Expanded Health Enhancement Grid." The grid offers a framework for identifying and assessing current efforts supporting the program and for planning strategies to enhance the health and well-being of students and the entire community. The manual identifies 9 components within 10 concept areas that define the broad scope and coordinated approach of the CHEP and provides a 5-step process for using the grid. Six appendixes provide: components of an expanded health enhancement program with questions and suggestions; a blank grid; a grid with sample questions; a grid analysis form; an action plan; and information on establishing a CHEP and wellness advisory committee. (LL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 364 527

Montana Health Enhancement

. . .An Expanded Concept



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

N. Conpira mith

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Assessment and Planning

SO 519 864

BEST COPY AVAILABLE

SP

Introduction

Meeting the health-related needs of today's youth is a complex undertaking which requires the coordinated, cooperative effort of the school, health services agencies, church, community and home. Each must work in harmony with the others and provide services and programs which dovetail.

Just as the school cannot meet the health-related needs of youth all alone, the school's role cannot be fulfilled through classroom instruction alone, but must include a variety of programs and activities not normally thought of as "health education."

Health Enhancement **curriculum** takes place in the classroom, but the Health Enhancement **program** includes health services, the healthy school environment, employee wellness and assistance programs, and other programs and services outside the classroom. This assessment and planning manual is designed to help schools look at the pieces of a comprehensive program they have in place and where gaps in services and programs may occur. The intent is to develop a school-wide health enhancement program for both students and employees which will provide a model for self-responsibility for positive personal and community health behavior.

This model was developed from the New York State Education Department's ***On the Right Track***, and their permission to use is gratefully acknowledged.

This document was printed entirely with federal funds from the HIV/AIDS Education Cooperative Agreement (No. U63/CCU803049-04) awarded to the Montana Office of Public Instruction from the Centers for Disease Control.

Health Enhancement . . . An Expanded Concept

Health Enhancement is a required curricular area through the Montana Accreditation Standards. It brings together the disciplines of health education and physical education into a combined, holistic, health-oriented program.

For students to not only gain health enhancement-related knowledge, but to develop health-promoting attitudes and exhibit healthy behaviors, much needs to be done outside the health enhancement classroom. Hence, the need for an expanded concept of how student knowledge, attitude and behavior is affected by a wide variety of influences within the school setting.

This expanded concept, or the Health Enhancement Program, goes far beyond the Health Enhancement Curriculum and includes components not typically thought of previously as having an impact on the health status and behavior of our youth. Although this expanded concept goes far beyond the minimal requirements of the Accreditation Standards, this document will assist districts in assessing their overall health and wellness strengths and weaknesses and may well lead to program improvements, expanded teacher training and additional school, home and community cooperation and coordination.

Purpose of This Manual

This manual is designed to help schools and communities create or improve their Health Enhancement program using the "Expanded Health Enhancement Grid." The grid offers a framework for identifying and assessing current efforts supporting the Health Enhancement program and for planning strategies to enhance the health and well-being of students and the entire community. You will see many areas where the Health Enhancement program is already at work. The grid correlates the nine components of a Health Enhancement program with 10 conceptual areas.

Teachers, curriculum departments and school administrators can use this manual to assess their current programs and move forward in the development of a comprehensive Health Enhancement program.

What is a Comprehensive Health Enhancement Program?

A comprehensive Health Enhancement program represents an expansion of the traditional elements of school health—education, services, and environment—to embrace a broader mission, one in which collaboration with community resources is fostered and everyone in the school shares responsibility for promoting good health. Realizing this mission requires the mobilization of many resources of the home, school and community to meet the physical, social, intellectual, spiritual, and mental health needs of students, to contribute to the well-being of school staff, and to create a healthful school environment for all.

What are the Nine Components of a Health Enhancement Program?

The nine **components** listed below help to define the broad scope and coordinated approach of the Comprehensive Health Enhancement Program (CHEP), which is concerned for the wellness of the whole person. Based on guidelines from the American School Health Association, Centers for Disease Control and Montana Health Enhancement Summit Conference, these **components** have gained wide acceptance throughout the nation as the foundation of the CHEP.

Healthful School Environment—This component includes a safe and health-enhancing physical environment; the organization of a healthful school day; an atmosphere which promotes everyone's self-esteem; and the fostering of interrelationships that are favorable to social/emotional health.

Health Instruction—A comprehensive, sequential PreK-12 health education curriculum provides structured experiences to facilitate acquisition of health knowledge and skills and adoption of health-enhancing attitudes, beliefs, and behaviors.

Health Services—School health services provide, at a minimum, health screenings; reinforcement of health instruction, with an emphasis on prevention; management of health problems; promotion of healthy lifestyles for students and staff; and counseling and referral to meet individual needs.

Physical Education—A sequential K-12 curriculum that provides a variety of developmental movement activities, health-related physical fitness programs with individual exercise prescriptions to promote physically active lifestyles; integrated health concepts related to fitness, nutrition, weight control, stress management, substance abuse, and safety education.

School Guidance and Counseling—In addition to guidance regarding educational and vocational concerns, a school guidance and counseling program provides primary prevention and early intervention programs that are supportive of the philosophy and goals of the health instruction program and meet the needs of students and staff.

Food Service—School food services provide nutritionally balanced, quality, appealing meals that follow recommended dietary guidelines and reinforce concepts taught in the instructional setting regarding the selection of healthy foods and the adoption of health-enhancing nutritional habits.

Schoolsite Health Promotion—This program draws on the resources that exist in schools—well-maintained facilities and staff who are already engaged in a variety of health promotion activities—to encourage and assist staff in the adoption of health-enhancing lifestyle behaviors.

Integrated School, Community Programs—The coordination of community resources and services with programming in the school improves the school's ability to meet the needs of students and staff. Such collaborations increase the quantity and quality of school health and wellness promotion efforts, redefine institutional roles, and reduce duplication of services.

Health Enhancement Infusion—Healthy lifestyle role modeling and information are provided to students through all subject areas, especially home economics, science, the Drug-Free Schools program; the school foods program and others. All staff should be concerned for the health and well-being of themselves, other staff and their students.

For further clarification of these nine **components** and programs that might be found in a district with a CHEP program, see Appendix A.

The 10 **conceptual** areas of a healthy lifestyle (which are included in the Montana Health Education Planning Guide) offer a starting point for expanding school health and wellness efforts in the direction of a CHEP. They are:

Human Growth and Development—Knowing the body and understanding the characteristics and natural progression of development in the life cycle for taking actions that promote health.

Mental and Emotional Health—Recognizing the relationships among emotional reaction, social relationships, and health for establishing patterns of behavior that promote emotional health and sound interpersonal relationships.

Nutrition—Understanding the role of nutrition in the promotion and maintenance of sound nutritional practices.

Environmental Health—Recognizing that environmental factors have a direct effect on the health of the individual and society, and taking actions that protect and improve the environment.

Family Life Education—Appreciating the role of the family in society in preparing each member for the responsibilities of family membership and adulthood, including marriage and parenthood.

Prevention and Control of Disease—Understanding diseases and disorders, and taking actions to prevent or limit their development.

Consumer Health—Understanding consumer health factors involved in making decisions in selecting and using health information, products, and services.

Substance Use and Abuse—Understanding the causes and effects of alcohol, tobacco and other drug use and developing personal and social coping skills to make healthy choices.

Accident Prevention and Safety—Recognizing how safe environments promote health and well-being and learning procedures to reduce risks and make effective responses to emergencies.

Community Health—Understanding the importance of developing health services responsive to community needs and for becoming a contributor to the health of the community.

Personal Health—Appreciating the need for responsibility and planning for developing and maintaining a healthful lifestyle.

	Mental and Emotional Health	Nutrition	Environmental Health	Family Life Education	Prevention & Control of Disease	Consumer Health	Substance Use & Abuse	Accident Prevention & Safety	Community Health	Personal Health
Healthful School Environment										
Health Instruction										
Health Services										
Physical Education										
School Guidance & Counseling										
Food Service										
School Site Health Promotion Program										
Integrated School & Community Programs										
Health Enhancement Infusion										

Does the physical education program include the promotion of health and the importance of physical activity in the reduction of risk factors?

What is currently in place?

What would be ideal for your school?

Using the Expanded Health Enhancement Grid

The Expanded Health Enhancement Grid is a visual representation of the interrelationships between the nine **components** and the 10 **conceptual** areas. This grid was developed to help districts in evaluating their progress toward CHEP. Achieving a CHEP requires first an identification of the programming, policies, and procedures which are already in place, followed by an assessment of their effectiveness and comprehensiveness. Once this information has been catalogued and evaluated, schools can identify gaps, and develop a plan of action to implement needed programming, policies and procedures.

A five-step process for using the grid and assessment and planning forms is described below:

Step 1—Organize to Start

Prior to starting any assessment, it has to be determined just who will be involved. Montana districts vary greatly in size, and so will decisions regarding involvement in the assessment process. The work may be done by a single instructor, a curricular department or a committee. Remember, this is an expanded concept and involves the entire school program. It would be very appropriate for teachers other than the health enhancement instructors to be a part of this committee. Several areas like home economics or science are naturally involved simply by the subject matter they typically teach, but others would also be very appropriate.

A committee would actually be the best approach to take, since it would lead to an interactive exchange of ideas and would be representative of a broad scope of health issues involved. Suggestions for establishing an Advisory Committee can be found in Appendix F.

Step 2—Identify all Efforts Supporting the CHEP

Using the Expanded Health Enhancement Grid (Appendix C), the team will individually and then collectively identify the programming, policies, and procedures which interrelate each of the nine components with each of the 10 conceptual areas. To stimulate thinking about current efforts and the relationships between components and conceptual areas, refer to Appendix A. Each question offers a concrete example of the interrelationships between a component and a conceptual area. As a group, these questions help to define some of the elements of a CHEP.

Step 3—Survey Assessments About Current Efforts Directed Toward a CHEP

After each team member has had the opportunity to complete the Expanded Health Enhancement Grid individually, the same process is repeated by the team.

Every attempt should be made to reach consensus while proceeding through the assessment process described below. This step is likely to elicit spirited discussion among team members as different viewpoints are expressed.

- Using the questions in Appendix A, assess the efficacy of programming, policies, and procedures for each component in relationship to each conceptual area. Classify these efforts in one of three ways and color code them on the team's Expanded Health Enhancement Grid as indicated below:

  Green—They are comprehensive in scope and very effective in their implementation.
  Yellow—They lack comprehensiveness in scope and/or effectiveness in their implementation.
  Red—Very few or no programming, policies, and procedures exist which interrelate a component with a conceptual area.

- A visual representation of the district's status in developing a CHEP will be created by color coding each cell of the team's grid.

It is suggested that an Analysis Form (see Appendix D) be completed for each cell. All school and community-based efforts and the extent to which they are provided (e.g., grade levels of programming, target populations of community agencies) should be identified. In cataloging current efforts, considerable dialogue about programming, policies, and procedures and their appropriateness to a planned interrelationship between a **component** and a **conceptual area** can be expected by the team and other school district personnel.

Using the visual representation of current efforts developed in Step 3, the team can identify priorities for action. At least some of these initial objectives should be achievable in a short-term effort. Having a sense of accomplishment will be important in the face of the long-term effort, where many of the improvements may occur in small elements over time.

Step 4—Identify Objectives and Develop a Plan of Action

The Expanded Health Enhancement Action Plan provided in Appendix E can be used to identify each objective and to outline strategies (programming, policies, and procedures) for accomplishing it. The following questions should be answered for each strategy:

- What is the timeline for implementing the strategy?
- Who needs to be involved (e.g., school staff, parents, community agency staff)?
- Will training be needed? For whom?

- What resources other than people are necessary (e.g., materials, equipment)?

- Is funding needed? If yes, where will funding be found?

Some objectives and suggested strategies, organized by component, are presented in Appendix A. This appendix is intended as a resource to assist school districts in thinking about their stated objectives and how to achieve them.

Step 5—Evaluate Implementation of Initial Objectives and Select New Ones

The last step in the process is to evaluate the effectiveness of the implementation of each objective and to identify new objectives. If certain strategies for achieving objectives had not met expectations, the district should consider what needs to be revised to make implementation successful. When an objective has been accomplished, the color code on the grid should be changed to green. A new red or yellow area can be targeted for improvement and Steps 4 and 5 repeated as part of the ongoing effort to make an Expanded Health Enhancement Program a reality.

Keep in mind that Montana schools differ as to where health-related information is taught. Although Health Enhancement is required by Montana Accreditation Standards, health information is often provided through other subject areas such as home economics, science or the social studies. Even though many teachers view their subject areas as not being health related, one could argue that **all** subjects are actually oriented toward health promotion—physical, mental, emotional, social or spiritual. Teachers should understand that what they do, how they teach, how they act, as well as what they teach, all have a profound impact on the health behavior of students and later as adults.

One final note: The grid is offered as a starting point for achieving CHEP. The school district should feel free to identify additional areas of need beyond the nine **components** and the 10 **conceptual areas** and to use the process to establish programming, policies, and procedures to address the needs of the school district.

APPENDICES

Appendix A: Components of an Expanded Health Enhancement Program with Questions and Suggestions

Appendix B: Expanded Health Enhancement Blank Grid

Appendix C: Expanded Health Enhancement Grid with Sample Questions

Appendix D: Expanded Health Enhancement Grid Analysis Form

Appendix E: Action Plan

Appendix F: Establishing a Comprehensive School Health and Wellness Advisory Committee

APPENDIX A

Components of a CHEP with Questions and Suggestions

Healthful School Environment

Questions Regarding Physical Environment

- ❑ Is school tobacco-free?
- ❑ Do procedures to reduce noise exist?
- ❑ Is there hallway supervision?
- ❑ Has all asbestos been removed?
- ❑ Is school physically safe and secure?
- ❑ Is music played during class changes?
- ❑ Is there a drug-free policy concerning staff and students?
- ❑ Does a risk management program exist?
- ❑ Is school accessible to disabled students?
- ❑ Does an adequate and secure storage area exist?
- ❑ Does an effective infection control program exist?
- ❑ Are school bus safety codes practiced and followed?
- ❑ Does the school cafeteria have a pleasant atmosphere?
- ❑ Is school equipped with earthquake/fire safe structures?
- ❑ Are staff, students, and parents involved in facility planning?
- ❑ Is the school developmentally designed, interesting and safe?
- ❑ Does adequate heat, light, ventilation and air conditioning exist?
- ❑ Are classrooms well supplied, visually attractive and stimulating?
- ❑ Does a periodic review of facility awareness concerning building codes occur?
- ❑ Does awareness exist regarding the use of hazardous materials and toxic substances?

12

Questions Regarding Psychological Environment

- ❑ Are bathrooms clean and functionally equipped with sufficient soap, toilet paper and towels?
- ❑ Is scheduling appropriate in meeting needs of students and staff?
- ❑ Does respect for confidentiality exist?
- ❑ Is the student-teacher ratio conducive to learning?
- ❑ Are teachers and staff positive role models?
- ❑ Does respect exist between students and staff?
- ❑ Do policies exist on expectations for student behavior?
- ❑ Are there opportunities for privacy when appropriate or necessary?
- ❑ Does the school provide a positive emotional environment?
- ❑ Are policies humane and rehabilitative rather than punitive?
- ❑ Are there opportunities for personal wellness activities during the school day?
- ❑ Are support groups available for students and staff?

Questions Regarding the Health Curriculum Portion of Health Enhancement

Health Instruction

- ❑ Is curriculum multicultural?
- ❑ Does the curriculum meet federal and state mandates?
- ❑ Does curriculum include personal and social skill building?
- ❑ Does curriculum include risk reduction and health promotion?
- ❑ Is health curriculum integrated with other kinds of curriculum?
- ❑ Is curriculum subject to periodic revisions based on evaluations?
- ❑ Does an ongoing, sequential, age-appropriate PreK-12 program exist?
- ❑ Is curriculum responsive to identified needs, current events and issues?
- ❑ Is there coordination between physical education and health instruction?
- ❑ Does the curriculum address the influence of the media on health behaviors?

- ❑ Is the program nondiscriminatory?
- ❑ Are a wide variety of teaching strategies and materials utilized?
- ❑ Does it foster thinking and problem solving?
- ❑ Is it based on student age, ability and aptitude?

Possible Strategies

Audiovisuals
Hands-on strategy
Parental involvement
Outcome-based objectives
Media support, PR support
Intergenerational programs
Monitoring of implementation
Outdoor education component
Behaviorally based instruction
Role models for healthy lifestyles
Utilization of group process in classroom
Adequate time for instruction and activities
Appropriate and sufficient resource materials
Active student, staff and teacher involvement
Incorporation of student learning into community
Needs assessments; access of state-of-the-art research
Recognition of all teachers as potential health teachers
Active ongoing advisory committee with student participation

Questions Regarding Direct Health Care Services

Health Services

- ❑ Do appropriate emergency health care services exist?
- ❑ Does an on-site, school-based clinic offering the full range of primary health care for students (or other alternative) exist?
- ❑ Do comprehensive health and developmental assessment, monitoring and screening services exist?

Questions Regarding Policies and Procedures

- ❑ Are health care services available to students upon request?
- ❑ Are student health records secured?
- ❑ Are health services financially supported?
- ❑ Does a health service advisory committee exist?
- ❑ Does the district enforce immunization policies?

- ❑ Does a strong written policy on confidentiality exist?
- ❑ Are health facilities designed to ensure student privacy?
- ❑ Do written policies and procedures exist regarding the delivery of health services?
- ❑ Do policies exist regarding the identification, referral, and follow-up procedures for pregnancy, abuse and neglect, HIV, eating disorders and substance abuse?
- ❑ Are parents involved in and do parents understand health care services? Their policies and procedures?
- ❑ Do designated school staff have regularly updated first aid and CPR training?
- ❑ Is there a case management system for all children having a chronic or disabling condition?

Possible Programs and Activities

Self-help groups
Child support teams
Psychological support services
Substance abuse counseling education
Linkages with community-based services
Transportation for youth to health care agencies
School-based programs for parenting and pregnant teens, including child care and transportation services
Programs to provide for the needs of technologically dependent students
Directory of health services addressing mental, physical and emotional needs

Questions Regarding Physical Education Classes/Athletic & Sports Programs

Physical Education

Curriculum

- ❑ Does a sequential PreK-12 curriculum exist?
- ❑ Do programs exist for the physically challenged?
- ❑ Do personal goals and personal contact programs exist?
- ❑ Do safe and adequate facilities with tested equipment exist?
- ❑ Does the opportunity exist to participate in co-ed programs?

- ❑ Do physical education classes incorporate movement, rhythm and dance, perceptual/motor skills, games, sports, self-testing activities, gymnastics, aquatics (when possible), and outdoor living skills?

- ❑ Are physical education classes taught by qualified and certified physical educators?

- ❑ Is equal emphasis placed on physical education for all children, not just those involved with school sports?

- ❑ Are special education students mainstreamed into physical education programs?

- ❑ Do physical education programs integrate safety education, stress reduction and a drug-free environment?

- ❑ Do special programs such as New Games, Project Adventure, Olympics and Cooperative Games exist?

- ❑ Do students receive individualized exercise prescriptions in health-related physical fitness programs?

- ❑ Are students taught concepts related to fitness, self-esteem, values education,multicultural awareness and aesthetics?

Athletic/Sports Programs

- ❑ Is equal priority given female sport programs?

- ❑ Are certified athletic trainers involved in all school sports programs?

- ❑ Does a well-organized medical evaluation system exist for all sports participants?

- ❑ Are the appropriately trained medical personnel present at all games and practice sessions?

- ❑ Does criteria exist for the inclusion and continuing participation in all extracurricular activities?

Possible Activities

Walking wellness program
Organized staff physical education program
Organized after-school recreational programs
Education to plan for lifelong fitness programs
Incorporation of physical activities with classroom activities

16

Physical therapy for all students—injured players, the physically challenged

Comprehensive training program for teachers, coaches and students concerning steroids, substance abuse, safety and proper warm-up

Questions Regarding Community, Home-Related Activities & Staffing Needs

School Guidance and Counseling

- ❑ Is there a school psychologist?
- ❑ Is there a school social worker?
- ❑ Is there time for counselors to counsel?
- ❑ Are counselors used as a classroom resource?
- ❑ Are local groups involved in school programs?
- ❑ Do home visits to promote parent/school connection occur?
- ❑ Does a referral policy and identification of referral sources to community agencies exist?
- ❑ Are guidance counselors involved in school support groups for students?
- ❑ Are attendance teachers involved in the school health and wellness program?

Possible Programs and Procedures

Life skills programs

Ongoing needs survey

Student assistance program

Strong confidentiality policy

Conflict resolution programs

Employee assistance program

Peer assistance/helper program; peer leadership training

Team approach to youth at risk; early identification of at-risk youth

Support groups and other programs for students in need; pregnant/parenting groups

Counseling and support team to include PPS members and administrators to deal with emergency situations of individual students. Teach/consult regarding stress management, suicide, divorce, etc.

Questions Regarding Cafeteria-Related Activities

Food Services

- ❑ Does a salad bar exist?

- ❑ Is food waste monitored and minimized?
- ❑ Is food presentation appealing and appetizing?
- ❑ Is the school food program used as an educational tool for nutrition education?
- ❑ Does a breakfast program exist?
- ❑ Does a pleasant eating atmosphere exist?
- ❑ Is the noise level conducive to a pleasant atmosphere?
- ❑ Does sufficient time exist for unhurried eating?
- ❑ Do special or restricted diets exist for staff and students?
- ❑ Are meals well-balanced and age appropriate?
- ❑ Are good hygiene and health practices reinforced?
- ❑ Are parents and students involved in menu planning?
- ❑ Are good manners and lunchroom etiquette encouraged?
- ❑ Do menus list food nutrients and contain health messages?
- ❑ Are teachers, parents and community members encouraged to eat in the cafeteria?
- ❑ Do the cafeteria staff and students treat each other with respect?

Possible Programs and Activities

Elimination of junk food machines
Nutrition-fitness groups for students
Cross-generational and interdisciplinary activities
Student involvement in food service for work study
Identification of at-risk students for eating disorders
Fund-raising activities that promote nutritious snacks
Support groups for students with eating disorders
Coaching staff to work with food service personnel on school and home nutrition
Provide announcements relating to food service over the PA system, incorporating student input
Marketing techniques employed to promote good nutrition among students
Nutrition council involving students, parents, staff and the community
Network with the Dairy Council, Cooperative Extension and other related groups

18

Questions Regarding Health Promotion Education

School Site Health Promotion Programs

- ❑ Does the school sponsor wellness days?
- ❑ Are immunizations available for staff in school?
- ❑ Is there a school-based clinic available for staff?
- ❑ Are CPR and first aid training available for staff?
- ❑ Are staff encouraged to attend health-related conferences?
- ❑ Are speakers available to address health topics for staff?
- ❑ Are programs available for students and staff that address stress management, nutrition education, time management and smoking cessation?
- ❑ Are health risk assessments available for staff (blood pressure and cholesterol screening)?
- ❑ Does the school have an employee assistance program?

Possible Activities

Day care
Job sharing
Union support
Morning stretch
Staff sweatsuits
Staff intramurals
Pleasant faculty room
Health reference library
Picnics for staff and families
Employee assistance program
Reduced fees to membership clubs
Assessment of faculty and staff needs
Health benefits that pay for prevention
Equal opportunity for promotional opportunities
Recognition program for staff wellness accomplishments
More preparation time to organize a comprehensive program
Exercise activities such as walking, aerobics and weight lifting
Health promotion separated from labor-management disputes
Faculty participation in program development and decision making
Staff facilities to accommodate hygiene needs before and after exercise
Publicize comparisons of national wellness measures with school staff measures

19

Questions Regarding Planning Activities & Priorities

Integrated School and Community Programs

- ❑ Is there a community resource analysis?
- ❑ Does training exist for the advisory group?
- ❑ Do incentives exist for attending meetings?
- ❑ Are schools recognized as part of the human service network?
- ❑ Does a strong advisory committee exist that is reflective of community needs?
- ❑ Have clear expectations been established between schools and community-based organizations?
- ❑ Is there consultation with community experts on needs assessment and identification of priorities?
- ❑ Is prior approval and preview of materials and resources needed before utilization in the school?
- ❑ Is there a clear understanding of local environmental impact statements and codes?
- ❑ Does the advisory committee include representatives from community organizations, churches, business, parents, teachers, staff, students and law enforcement agency?
- ❑ Has a reference check procedure for Community-Based Organizations (CBOs) been established to determine their appropriateness in school activities? Do periodic evaluations and reviews occur?

Possible Programs, Activities and Procedures

Health fairs
Referral directories
Adult education programs
Intergenerational programs
Community schools programs
Big Brothers/Big Sisters programs
Utilization of Local Access Cable TV Support community volunteers
Student volunteer programs, work study, internships
Day care in the community provided by interested students
School facilities available after hours for community programs
Utilization of community and business technology and resources
Student involvement in alternate activities in lieu of instruction

Health Enhancement Infusion

- ❑ Do teachers understand "risk" and "protective" factors concerning substance abuse?
- ❑ Do teachers serve as positive health role models?
- ❑ Do a variety of subject areas reinforce Health Enhancement concepts?
- ❑ Is inservice in health-related subjects provided to staff?
- ❑ Are staff given time to plan and coordinate together?
- ❑ Are cross-content and curriculum infusion concepts encouraged?
- ❑ Does administration provide a positive role model, develop appropriate policies and encourage a healthful school environment?

Possible Strategies

Staff inservice on drug and alcohol issues
Staff planning time for curriculum sharing and infusion
General wellness inservice for staff covering the five dimensions of wellness: physical, emotional, mental, emotional and spiritual
Brainstorming ideas from teachers

Appendix B—Blank Expanded Health Enhancement Grid

	Mental and Emotional Health	Nutrition	Environmental Health	Family Life Education	Prevention and Control of Disease
Healthful School Environment A					
Health Instruction B					
Health Services C					
Physical Education D					
School Guidance and Counseling E					
Food Service F					
School Site Health Promotion Program G					
Integrated School and Community Programs H					
Health Enhancement Infusion I					

Consumer Health	Substance Use and Abuse	Accident Prevention and Safety	Community Health	Personal Health

23

Appendix C—Expanded Health Enhancement Grid With Sample Questions

	Mental and Emotional Health	Nutrition	Environmental Health	Family Life Education	Prevention and Control of Disease
Healthful School Environment **A**	Does the school atmosphere foster a sense of belonging? A 1	Do vending machines in the school provide increasingly healthful choices? A 2	Does the school meet all health and safety standards of OSHA? A 3	Does the staff model and promote healthful adult relationships? A 4	Do policies and practices provide a clean and safe environment? A 5
Health Instruction **B**	Are students encouraged to develop patterns of behavior that promote emotional health and healthy relationships? B 1	Do students learn the role of nutrition in promoting and maintaining health and make increasingly healthful food choices? B 2	Do students learn the importance of environment in relationship to health? B 3	Do students learn the responsibilities of family membership, marriage, and parenthood? B 4	Do students learn risk factors associated with leading causes of morbidity and morality and the behaviors needed to reduce their risk? B 5
Health Services **C**	Does the school health services staff provide all students with the opportunity to receive support and guidance? C 1	Is health counseling provided for students with special nutritional needs (e.g., overweight)? C 2	Are the health service facilities able to accommodate the full range of needed health services? C 3	Does health counseling relate to the full range of family life issues, i.e., pregnant and parenting students? C 4	Are health screening programs related to risk factor identification? C 5
Physical Education **D**	Does the physical education program provide noncompetitive and competitive activities promoting wellness, self-esteem, values education, multicultural awareness and aesthetics? D 1	Do students learn relationships between nutritional habits and physical performance? D 2	Does the physical education program provide and stress the use of facilities that are environmentally enhancing to physical performance (i.e., proper lighting, ventilation and heating or cooling)? D 3	Does the program promote lifetime activities which include family? D 4	Are physical education programs related to health promotion and risk factor reduction? D 5
School Guidance and Counseling **E**	Do pupil service staff model and promote healthful interpersonal relationships? E 1	Are intervention programs provided for students with eating disorders? E 2	Are services provided in a private and confidential manner within the school? E 3	Does the program provide support groups for students with common concerns (e.g., divorce)? E 4	Are there supportive services for students managing diseases or disorders? E 5
Food Service **F**	Do students have input in menu determination? F 1	Do food services support the messages received in the nutrition education program? F 2	Does the cafeteria provide adequate sanitation, space, furniture, lighting and noise control? F 3	Are the menus and food choices tied to a multicultural education program? F 4	Are menu options provided for students with special nutritional needs? F 5
School Site Health Promotion Program **G**	Are programs offered to staff that help improve and maintain their emotional health? G 1	Are programs provided to promote healthful nutritional choices by school staff? G 2	Are staff involved in school site design and improvement? G 3	Does the school have flexible policies to support the family needs of staff? G 4	Are risk reduction programs provided for staff? G 5
Integrated School and Community Programs **H**	Are students and staff made aware of and provided access to community services? H 1	Are parents and community agencies aware of and involved in the nutrition education program? H 2	Does the school promote social responsibility regarding community environmental issues? H 3	Is there a Home-School-Community Advisory Council that addresses family life issues? H 4	Is there school and community cooperation in the prevention and control of diseases and disorders? H 5
Health Enhancement Infusion **I**	Do all subject areas foster higher-order thinking, decision-making and coping skills? I 1	Is health enhancement, home economics and school food service coordinated? I 2	Do administrators ensure a safe workplace and learning environment? I 3	Is family life education coordinated between health enhancement, home economics, science and other courses? I 4	Do all staff monitor the health status of their students? I 5

Consumer Health	Substance Use and Abuse	Accident Prevention and Safety	Community Health	Personal Health
Are attractive signs/ posters/exhibits displayed to promote healthful actions by students and staff? A 6	Do school policies and staff promote a drug-free environment? A 7	Are safety standards included in all programs and services offered by the school for students and staff? A 8	Do school facilities portray a safe and healthful environment within the community? A 9	Does the school environment support healthful choices for students? A 10
Do students learn and employ the factors involved in making wise decisions which affect the selection and use of health information products and services? B 6	Do students acquire the information, skills and attitudes necessary to make low risk alcohol/tobacco/drug use decisions? B 7	Do students recognize the importance of safe environments and learn procedures to reduce safety risks and respond effectively in emergencies? B 8	Do students learn to appreciate the importance of developing health services responsive to community needs and how they can contribute to community health? B 9	Do students learn to assume responsibility for planning, developing and maintaining a healthful lifestyle? B 10
Is there recognition for the consumer rights of students and respect for their rights to protect their own health? C 6	Are procedures for handling medical emergencies related to alcohol and drug use effective? C 7	Are school health service staff certified in first aid and CPR? C 8	Does the school health service staff participate in cooperative school-community programs for screening and referral to services? C 9	Does the school health service staff conduct screening programs tied to individual student risk reduction programs? C 10
Does the physical education program include the promotion of health and the importance of physical activities in the reduction of risk factors and assessment of commercial sports/fitness programs and products? D 6	Do physical education program messages, activities and policies reinforce the alcohol, tobacco and other drug use messages conveyed in the health education program? D 7	Are students taught safety procedures and do they practice safe use of equipment and facilities? D 8	Does the school collaborate with community members in offering a wide range of physical activities that promote health and wellness for all? D 9	Does the physical education program offer developmental experiences in individualized exercise prescriptions and fitness activity regimens for maintaining health fitness levels at all stages of living? D 10
Are school guidance and counseling services marketed to students in a way that promote their fullest and most appropriate use? E 6	Do school guidance and counseling staff coordinate their efforts with those of alcohol and other drug intervention and treatment specialists to ensure continuity of student services? E 7	Are developmentally appropriate child abuse prevention programs provided? E 8	Does the school provide preventive educational programs for parents and other community members? E 9	Do students view the use of counseling services as a positive step for lifelong health promotion? E 10
Are foods labeled to provide the information needed for individuals to make healthful selections? F 6	Does the school cafeteria promote selection of caffeine-free foods? F 7	Do school policies and procedures promote food safety and general safety in the school cafeteria? F 8	Are parents and other community members involved in planning school breakfast and/or lunch programs? F 9	Does the school provide a variety of healthful, appealing foods for selection by students and staff? F 10
Are staff provided with directories to community health-related service providers? G 6	Is a confidential employee assistance program provided for school staff experiencing alcohol/drug-related problems? G 7	Does the school comply with state and federal requirements and guidelines? G 8	Does the school provide activities and programs for staff in cooperation with community agencies? G 9	Are there opportunities for staff to practice the behaviors necessary for them to realize a healthful lifestyle? G 10
Does the school cooperate with public media to raise community awareness of health-related issues and programs? H 6	Does the program provide a full range of integrated school-community prevention, intervention and referral services for students, staff and parents? H 7	Are community resources used to promote safe vehicular and recreational practices? H 8	Are there reciprocal volunteer programs to promote community health between school and community health organizations? H 9	Does the school collaborate with the community in developing directories of health promotion opportunities for students, staff and parents? H 10
Do all staff role model positive consumer health? I 6	Are all staff aware of drug and alcohol abuse risk protective factors? I 7	Are all staff trained in fire/ earthquake procedures and maintain safe, hazard-free classrooms? I 8	Are school programs developed around the use of existing community resources? I 9	Do staff provide a positive, healthy role model for students? I 10

BEST COPY AVAILABLE
25

Appendix D

Expanded Health Enhancement Grid Analysis

COMPONENT:	CONCEPTUAL AREA:
What questions should be asked about the grid for my district? (Refer to Appendix A for possible questions.)	
What are some possible solutions? (Refer to Appendix A for possible programs and activities.)	
Action Plan:	

Appendix E

Action Plan for a CHEP

Identify the tasks needed to achieve each objective, who is responsible for the completion of the task, when the task will be completed and required resources.

OBJECTIVE #

_____

_____

COMPONENT:
CONCEPTUAL AREA:

Tasks	Person(s) Responsible	By When?	Required Resources

APPENDIX F

Establishing a Home/School/Community Comprehensive Health Enhancement Advisory Committee

A broad-based Comprehensive Health Enhancement Advisory Committee that includes students, parents, community representatives and school staff should be designated to provide overall program guidance and support. The role of each advisory committee member is one of active participation.

The general functions of an advisory committee may include but are not limited to:

- fulfilling the statutory requirements for a Drug Advisory Council, thereby bringing all aspects of school health under one advisory group;
- helping to gather information about local needs and resources;
- participating in the analysis of the needs and resources;
- providing a forum for student, parent, community and school health-related concerns;
- facilitating linkages between school and community resources;
- acting as an advocate for the program and its participants;
- assisting in program evaluation;
- facilitating communication with representative constituencies;
- developing an action plan, in conjunction with school officials, to handle positive and negative issues.

To achieve student, parent, community and school staff backing, it is important to select membership that can provide expertise, influence and support. The Advisory Committee should be balanced in representation of the community's:

- geographical areas;
- economic, social, ethnic and religious groups;
- philosophies;
- constituencies;

28

- power base.

Advisory Committee members should include:

- students—male and female, junior and senior high school, including those representing special populations;

- parents—of elementary, junior, senior high school students;

- community representatives—community "gatekeepers," "movers and shakers" (people who are influential in the community), health, social service, legal, law enforcement, media, religious leaders, business and industry. Representatives should be elicited from both supportive and opposing interests.

- school staff—members should include those who represent or have responsibility for the nine component areas as outlined by the American School Health Association: School Nurse-Teachers/School Nurses, Health Coordinators/Health Teachers, Home Economics Teachers, Pupil Personnel Services Staff (School Social Workers, Psychologist, Counselors), building Administration, Physical Education, Social Studies, Science, Driver Education Teachers, Art Programs, Special Education, Language Arts, Elementary, Food Service, Building and Grounds, Transportation, Unions, etc.

To function effectively, the Advisory Committee needs to be of manageable size. This may result in the need to have one person represent more than one constituency. Advisory groups usually average 20 members. Others can be recruited to work on special task groups but must be thoroughly informed of the Advisory Committee's goals, objectives and activities to facilitate coordination.

NOTES:

NOTES:

31